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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XV. HALIFAX, NOVA SCOTIA, MAY, 1903. No. 5

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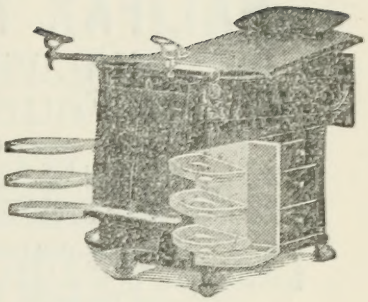

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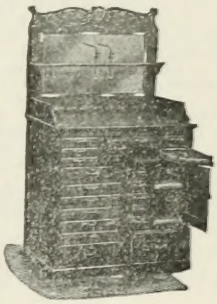

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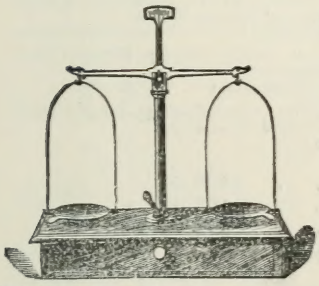

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3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
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4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Aanatomy.
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1903.

Medical Society of Nova Scotia.

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The Annual Meeting will be held in Antigonish, Wednesday and Thursday, July 1st and 2nd, commencing at 2 p. m. on Wednesday. All who intend reading papers or presenting cases at this meeting must notify the Secretary as early as possible.

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Antigonish, N. S.

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Hon. Secretary,
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Maritime Medical Association.

THIRTEENTH ANNUAL MEETING.

The Annual Meeting will be held in St. John, N. B., on Wednesday and Thursday, July 22nd and 23rd.

Extract from Constitution:

"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association.

All who intend to read papers at this meeting will kindly notify the Secretary as early as possible.

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New Brunswick Medical Society.

The Twenty-Third Annual Meeting will be held at St. John, N. B., in the Church of England Institute Rooms, Orange Hall, Germain St., at eight o'clock on the evening of July 21, 1903.

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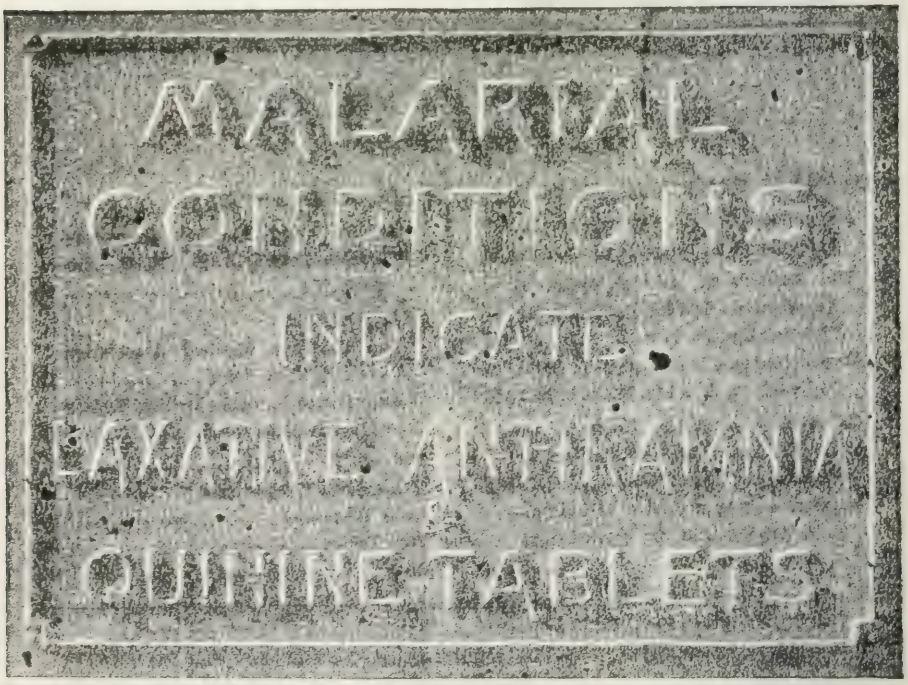

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VOL. XV. HALIFAX, N. S., MAY, 1903. No. 5.

Original Communications.

HYPNOTISM.*

By DR. G. G. CORBET, M. D., Fairville, N. B.

Currents of human thought, like the tidal waves of the sea, may often be traced, outlined, measured and foretold. As we glance out upon the vista of life to-day, and view the everchanging panorama of thought and action, it takes but little discernment to discover a manifest inclination on the part of the leading minds of the world to study the psychical side of human existence.

Never was there a time in the history of the race when the mind was so restless. Not for two thousand years has the world waited with such breathless expectancy and hope for new light to be given, to enable us to discern our relation to a universe of intelligence. Everywhere is a restless movement of advance. The scenes are shifting rapidly. The evolution of the human mind is progressing at a remarkable rate of speed. The beliefs, theories, and entire educational foundations of our childhood are often overturned in a day. Indeed, so accustomed are we to this rapid transformation, that we are not surprised, at any time, to find the heresy of to-day the orthodoxy of to-morrow.

Amid these changing scenes truth is always found invincible, while superstition, bigotry, and ignorance, standing ever in the paths of progress, are rapidly giving way. It is so in the political world, and in theology, and nowhere is it more manifest than in the science of medicine. But wisdom increases. Light is coming in through

*Read before St. John Medical Society, Feb. 1st. 1903.

the windows. Though we are yet children, playing among the flowers, breathing the balmy air and listening to the sweet tones of a universe of joyful sounds, yet are we growing more acquainted every day with our environments. Life does not seem so strange and weird as it did one or two thousand years ago. Nature is not so mysterious, and God not so far away. We are being taught, receiving suggestions through the avenues leading to the conscious ego. Light is coming in through the windows of hearing, seeing, smelling, tasting, feeling and perhaps another window, that is yet but dimly seen through the twilight of our twentieth century knowledge.

The suggestions made through these various channels are being carried to the receptive centers of the brain, and there recognized and utilized for the purpose of carrying on the progress of evolution, which is slowly, but surely, lifting man from an ignorant past to an intelligent future. Through these avenues the human mind is receiving nourishment. Through these senses force is entering into the conscious ego, and the result is change, wisdom, growth.

With this knowledge we must admit that thoughts are entities, or manifestations of force. Intelligence—intellectual growth depends upon the kind of suggestions received, the rapidity with which they are received, and the ability of the recipient to utilize them.

No intelligent physician or observer of the signs of the times can fail to note the wave of desire upon the part of the population for a system of healing without the intervention of drugs. Without doubt this desire has grown into fanaticism in some directions. While I do not believe we are yet in a position to dispense entirely with drugs or surgical operations, I must acknowledge that many chronic complaints have been cured by drugless methods. I must say that I am opposed to a system which insists that a drug is necessary to rectify every physical disorder, as I am to a system which teaches that the action of the mind alone should be employed for healing purposes. Our physicians have been too materialistic, our so-called metaphysicians, Christian scientists and mental healers too ignorant of medicine and the law of suggestion. The work should be combined; we cannot ignore the body. I am of the opinion that all physicians in regular practice should have a working knowledge of suggestive therapeutics, etc. Not only we but the public would be the gainers thereby (and our bank accounts larger by the addition of the amounts these pseudo scientists earn). Truth will ever prevail, and as all will

acknowledge even these systems have some truth in them. Then come and let us sift the true from the false, and incorporate that which is good and true in these systems with our own.

I will not go into the history of hypnotism as time will not allow, but would call your attention to the fact that the term hypnotism is a misnomer, as the phenomena of the suggestive condition have proved the fact, that even the suggestive somnambulist is never in a condition analogous to natural sleep.

I would like to ask your attention to a few definitions as follows:

Hypnotism or *suggestion* in its broadest meaning may be said to be an impression consciously or unconsciously received through any of our senses. A few moments' reflection on this definition reveals the fact that one's whole education is created by suggestion, and that the effect of any suggestion is influenced entirely by those preceding it.

Somnambulism may be natural or induced; it is the act of walking in one's sleep.

An *active somnambulist* is an individual who has little voluntary attention, and whose ability to associate his old impressions with new ones is so limited, that when in the suggestible or concentrated condition, a state of mental laziness is present, and the patient finds it easier to acquiesce in, rather than refute, any statement made by the operator.

A *Passive somnambulist* is an individual who will accept suggestion only when the eyes are closed, but who refuses to accept an absurd suggestion the instant the eyes are open.

Auto-suggestion arises entirely within one's own mind, from some thought or some bodily sensation either real or imaginary.

Voluntary auto-suggestion is a suggestion with which one voluntarily tries to impress oneself.

Therapeutic suggestion is a suggestion conveyed to a patient through some one of the senses and so directed that it will assist in overcoming disease.

Suggestive condition is a condition in which a suggestion has a concentrated or exaggerated effect upon the mind of a patient.

Effect of suggestion is dependent on and limited by the previous education of the recipient.

In the light of the above facts concerning suggestive somnambulism we are compelled to draw the following conclusions:

1st. The more suggestible the patient, the more likely is his complaint to be either an imaginary one, or one induced by auto-suggestion.

2nd. Such patients are more likely to relapse into their old conditions or assume new ones.

3rd. Patients suffering with genuine troubles are in inverse proportion to their suggestibility, i. e., therapeutic suggestion is more effective with those who are not so amenable to positive suggestion, when there is an actual trouble to be cured.

Mesmeric sleep was the condition now known as induced somnambulism, and was the only condition recognized by Mesmer. Mesmer's patients were attracted to him through their suggestibility and credulity, from all over the country, so that he drew the cream of the class of individuals now recognized as somnambulists.

Bernheim defines hypnosis, not as a condition of sleep, but as one in which suggestion has an exaggerated effect.

Braid, the Manchester physician who studied the subject about 1841, gave the name of hypnotism to the peculiar drowsy or sleep condition coming on from fixed attention. This was the mesmeric condition, somnambulism.

Most all psychologists have adopted the theory of the *dual mind*. I will adopt this theory and shall designate these minds as voluntary and involuntary. Then man has two minds.

In the sleeping condition man is controlled by his involuntary mind, and he is not conscious of its actions in this condition, except through dreams. The involuntary mind controls every bodily function. It is the seat of the emotions and the guardian of memory. Our whole educational experience is stored there; it is amenable to control by the voluntary mind. The impressions received through the five physical senses are stored away in the involuntary mind. Man's voluntary mind is at rest during sleep, but is aroused the instant he becomes conscious of the reception of impressions through the senses.

In a waking condition man is in a position to reason properly upon conscious impressions. He reasons inductively as well as deductively —that is, he analyzes and separates, as well as synthesizes and puts together facts to enable him to arrive at reasonable conclusions. In suggestive therapeutics it is the involuntary mind we wish to impress, since it controls the bodily functions. It is quite easy to

reach the involuntary mind of those who are highly suggestible (example Mesmer's patients), but the success of the whole work depends upon the ability to reach the involuntary mind of those who are apt to reason on every suggestion received, and to influence them to accept suggestions for their benefit.

Suggestive condition is one in which a suggestion has an exaggerated effect, and to get this condition we remove all auto-suggestions, and thus get the patient's mind centered on suggestion given through the senses.

A somnambulist does not reason as rapidly as other individuals and has not the degree of voluntary attention. His mechanism of reason works slowly, and when a suggestion is given it seems to absorb his whole attention; this being the case he finds it easier to acquiesce in a statement rather than refute it. No matter how absurd it is he finds it easier to act out a part than to resist the suggestions of the operator. When left to himself to give an explanation for his actions, unless he has committed himself already, he will say he found it easier to follow the suggestions of the operator than to do otherwise, although he knew all the time that what he was doing was absurd, or he may say he did it simply to please the operator. In giving suggestions to such persons we must be careful not to give too positive suggestions to the patient if we want to find out what benefit he is receiving.

Attention is said to be the focusing of consciousness. It may be directed inwardly upon mental objects, or outwardly upon external objects. Thus we have natural and voluntary attention. All animals and man included are born with the natural attention. To hold this attention for any length of time an object or subject must be interesting. A dog will follow a rag shaken in his face, but his attention is quickly given up to the next impression which arouses his curiosity. One of the most potential differences between man and the lower animals lies in the fact that man is capable of developing his voluntary attention, and thus he is enabled to overcome the dictates of his natural attention and inclination. It is the development of this ability to control the attention or inclination which constitutes "will power," and in the same degree in which voluntary attention is developed do we find reason present.

The old idea of suggestion was that a patient could be made to accept any suggestion given whether true or false. Some physicians,

who profess to cure by hypnotism, tell a patient with a red and swollen joint, that they are perfectly well and are suffering no pain, and that after treatment they would be able to get up and walk as well as any one. This mode of treatment might answer in the case of a somnambulist, for such patients will get up and limp around and follow the suggestions of the operator, and will declare that they can walk all right and experience no pain. To the onlooker, who does not understand the reason for these statements of the somnambulist, the "cure" appears marvelous. However, if the same patient is seen when away from the operator's influence, he will declare that his pain is as bad as ever. Such a method of curing by suggestion is the worst form of charlatanry. These patients are actual sufferers and have troubles in the organs of nutrition and elimination that produce the swollen joints, and suggestions should be directed towards nutrition and elimination. To tell a patient of this kind that his pain is gone, and that he can walk, is to insult his intelligence.

There are many theories about inducing the hypnotic sleep or condition, but we may safely postulate as follows: "*The highest degree of suggestibility which it is possible to induce in any individual is present the instant his attention is concentrated on the suggestion he is receiving.*

Can a person be hypnotized against his will? This is a very important question, and is often asked especially in relation to crime. There are no proofs that a person can be hypnotized and made to commit a crime. To make such a person commit a crime, that person must be a natural criminal and is only too willing even in his normal condition to break the law.

Psychology means briefly the science of the mind, a knowledge of the power within; and the application of this science to the physical ills of the body is known as suggestive therapeutics. An old saying is: "as a man thinketh in his heart, so is he." If a man thinks himself sick he will by his own thoughts produce in himself physical changes corresponding to the nature of the disease he believes himself suffering from. Thoughts are things: change the thought and benefit will ensue.

Among all nations and peoples there are certain localities or persons credited with the possession of a healing power of supernatural origin. At the shrine of Ste. Anne de Beaupre in Quebec, miraculous cures have been in order since 1661 when Louis Giumont, a farmer

of Petit Cap, being afflicted with rheumatism, went through devotion, —to place three stones in the foundation of the new church, the construction of which was just commencing. The record adds he found himself by the blessing of heaven suddenly cured.

Through Monseigneur de Laval in 1670, a precious relic was obtained from France. Nothing less than a fragment of a finger bone of St. Anne herself, this relic was conveyed to the church, and has not ceased to be the object of fervent devotion. It matters very little whether the particular "charm" which works the cure is in the form of a piece of wood, stone, brass, or finger bone of a saint. The point to note is that a very large percentage of the so-called miracles are actually wrought, and that apparently, through personal contact with the charm. But we find that when a piece of ordinary wood was substituted without the knowledge of the supplicants, there is no abatement of the cures or miracles, so from these facts we gather the scientific truth. The healing virtue does not rest in the relic, but in the attitude of the mind of the sufferer. That is, those who were healed, were healed by the power of their own minds suddenly roused into activity. Many of these cases can be cured by specific medication, as many of these unfortunates return as sick as when they started. In these cures there is no evidence of miracle, for a miracle is something supernatural, beyond the pale of natural law. It would seem then, that the condition of the mind of the sufferer is a very potent factor in establishing or removing disease.

The most wonderful phenomena of suggestion the world has ever witnessed are probably those related in connection with the miracles of Christ. That he performed miracles, history, both sacred and profane, admit. Because these works of Christ were apparently a deviation from the known laws of nature is no evidence whatever that they were beyond the pale of law. There is no such thing as supernatural; it is only the "superusual" that gives us cause to wonder. If we had never seen the sun rise, on witnessing it for the first time we would look upon it as a miracle. Faith, hope, expectancy and belief are powerful therapeutic agents.

In reading the history of France, we would imagine that Napoleon must have hypnotized the entire French nation, and then died without removing the spell of his genius. A suggestion of his spirit still broods over that land. To refuse to take medicine of any kind is the height of folly, and is the weak spot in the armor of Christian

scientists and mental healers. But both medicine and suggestion should be used as circumstances demand.

This subject has received much attention in recent years and is now quite familiar to the intelligent public. It is sufficient to say that there are two schools differing somewhat in their teaching. The "Salpetriere" school of hypnotists contend that hypnotism is a disease, that it may be studied from a pathological standpoint, and that suggestion plays an important role; while the school of "Nancy" that it may be best studied on healthy subjects, and that the basis of it all is "suggestion." Charcot believed in the Salpetriere school, but shortly before his death he thought that there was much to be learned from the Nancy school. Charcot believed that persons in whom hypnosis could be induced possessed diseased nervous systems, and such was his earlier teachings; but he gradually came around to the theories of the Nancy school. For myself I believe in the Nancy school, as its teaching, I believe, is the more rational.

I have bern surprised at times at the credulity of learned men. That such men, as physicians, ministers and lawyers, can be taken in by the tricks of the travelling hypnotist and mind reader, etc., such as Anna Eva Fay and those of her class, when all the wonderful (?) things they do are nothing but tricks, which any one if he takes the time can learn to perform. I would like to say again, is it right for us as scientific men to countenance those frauds by acknowledging them as something supernatural? "Medical men" are supposed to lead all in that one quality, "common sense." Is it so? In treating the sick, we, as medical practitioners, should have and use this common sense which God has given us. Do not be imposed upon any longer by frauds, such as the stage produces in the hypnotic line, etc., but let us study this wonderful subject and master it, and put it upon a scientific basis.

Much is being done to-day in treating disease by hypnotic suggestion. My own opinion is that this method will rapidly increase. The nineteenth century has brought to light no therapeutic agent more powerful or more capable of usefulness than suggestion, and I believe the twentieth century will find none so generally applied. Surgery and hypnotic suggestion will largely constitute the healing art of the future.

Let us explore this new field of knowledge. Let us turn from war, the greed of gain, the strife of life, and the sorrow of pain, to look for greater happiness. The night around us is dark, the storm rages, the billows are high. Let us look and listen, for comes there not a new light, a new voice, and a new hope, to which humanity may cling.

References and extracts—Parkyn, Davis. Authorities—Mesmer, Braid, Charcot.

THE METHODS OF ADMINISTRATION OF ANESTHETICS.*

By Edward Martin, M. D., Philadelphia, Pa.

The agents employed for the production of general anesthesia are, with us in Philadelphia, ether, nitrous oxide and ethyl chloride. Chloroform is used most exceptionally, and perhaps in part because of this, has been attended by a high mortality. It has been shown to be more irritating upon the kidney than ether, and excepting on parturient women or cases about to be subjected to brain operations or those suffering from inflammatory lesions of the air passages or those who have previously taken it and express a strong preference for its use, it is but little employed by our surgeons.

In regard to the other three agents, the essentials for their safe and uncomplicated action are the selection of a pure drug and the services of an experienced anesthetist. As accessories to an uncomplicated anesthesia the proper choice of an apparatus by means of which the vapor or gas may be administered, and the previous preparation, general temperament and bodily health of the patient are important.

Ether is commonly employed for operations which will probably last longer than five minutes. It is often advantageously preceded by nitrous oxide or ethyl chloride.

Nitrous oxide is given for short operations, and when combined with oxygen may be depended upon to keep the patient anesthetized for upwards of an hour. Ethyl chloride is also employed for short operations, but its effect may be indefinitely prolonged and apparently with comparative safety.

In administering ether, an original package, not previously broken, should be employed, since ether deteriorates and its vapor becomes irritating when exposed to the action of air and light. Because of this it is well to purchase ether in quarter-pound packages, employing what may be left over after its administration for non-surgical purposes. Though the most experienced anesthetists abroad habitually give ether by the closed method, using the Clover inhaler or an apparatus constructed on similar principles, the practice in this country is to give it by the open method. Probably the inhaler in

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commonest use is one made by pinning a square of gauze so that it forms a hollow cup. This is laid over the nose and mouth and the ether is poured upon it. The common mistake in making this inhaler is to employ too little gauze, the air which passes through its meshes being not sufficiently saturated with the vapor of the drug. At least twenty and preferably twenty-four layers of ordinary gauze should be used, and care should be taken to see that the patient breathes through the gauze and not around it. This implies the use of one hand, by means of which the borders of the gauze-cup are held closely applied to the chin, cheeks and sides of the nose, whilst from the other hand the ether is poured upon that portion lying immediately over the air passages. The inhaler which has been received with most favor because of its safety, simplicity and efficiency is that devised by Allis. It is made in a folding, and hence easily portable, form and the only objection to it is incident to the fact that it will not fit all faces, and hence at times the air passes between the cheeks and the lower border of the inhaler rather than through the ether-saturated strips of bandage. This may be in part obviated by folding a towel about the lower portion of the face-piece so that it projects below the latter, its free borders accommodating themselves to the irregularities of the face.

I am in the habit of using an inhaler consisting of a lead framework over which may be stretched twenty-four layers of gauze, which is so shaped that it fits closely about the mouth and nose, and which may be retained in position by bands passed around the ears, thus giving the anesthetist the use of both hands.

The preparation of the patient implies, when this is practicable, an empty stomach, or at least one containing only liquids. When there is likely to be a large quantity of fluid in the stomach, this should be removed by the stomach tube, since a patient may readily drown himself in his own vomit when profoundly anesthetized. Indeed, I have had this accident occur after an operation for internal strangulation and gangrene, though the patient at the time had partially recovered from ether. It is scarcely necessary to state that any loose object in the mouth should be removed before giving the ether.

I have been in the habit for some time of immediately preceding the administration of ether by spraying the throat and nose with a solution of cocaine, 2 per cent., in adrenalin chloride, 1 to 10,000. This greatly lessens the danger of cardiac and respiratory inhibition,

which may cause death in the early stages of anesthesia, makes the nasal airway patulous and so diminishes the secretion of mucus, that the anesthetizer is very little troubled by accumulations of this kind in the throat. This preliminary spray also does away with the sense of laryngeal constriction and suffocation which, to many patients, is the most disagreeable part of an operation.

Whatever form of inhaler be employed, the administration should be gradual. For the first few inhalations the patient should be given a very attenuated vapor, the strength being gradually increased until it is evident that consciousness is lost, when it should be steadily and unremittingly pushed until complete relaxation is obtained. This end is best attained by so regulating the supply that it runs upon the inhaler in a series of drops just short of a steady stream, and this continued dropping should never cease, unless there be some complication, until anesthetization is accomplished. The simplest way to provide for this steady flow is by cutting two shallow grooves in the cork which is thrust into the opening of the quarter-pound ether can. This end may be more satisfactorily attained by having a dropping cork provided with two tubes of such caliber as to allow the ether to escape in the manner described.

The anesthetist should be provided with a mouth-gag and a tongue-retractor.

With few exceptions the difficulties he encounters will be due to mechanical obstruction of the respiration. This mechanical obstruction will be caused, in the early stages, by a rigid closure of the jaws and a thrusting of the tongue against the hard and soft palate or its dropping back against the posterior pharyngeal wall. Even though it be impossible to open the jaws, the pharynx can be opened widely and the epiglottis lifted by extending the head upon the neck. This at once relieves the difficulty if the nasal passages are free. This, however, is rarely the case, since this muscular spasm occurs in fleshy, muscular, red-faced, drinking men, whose mucous membranes are all congested and juicy and whose nasal passages are at best inadequate; when congested by ether, by the recumbent position or moderate asphyxia they become practically impervious. With such patients it is wise for the anesthetist to insert the mouth-gag at the beginning of anesthesia. Although I have never seen a patient die from this rigid asphyxia, the symptoms are often so alarming and the congestion so

pronounced that in those with a weak vascular system the danger must be great.

A common cause of mechanical obstruction of the air passages is incident to an enormous secretion of mucus and saliva. This can be prevented by the preliminary use of adrenalin and cocaine. It can be helped by sponges, provided with long handles, by means of which the throat is repeatedly wiped out. Under some circumstances when the fluid has been aspirated in the trachea, and in spite of drying the throat, the symptoms of asphyxia persist, it is needful to allow the patient to partly recover from his anesthetization in order to clear his air passages by a coughing action.

In profound anesthesia, the air passages may be mechanically blocked by the relaxed tongue dropping backward so that its base together with the epiglottis lies in close apposition to the postpharyngeal wall. This may be obviated by extending the head upon the neck. This motion does not, however, necessarily imply a free entrance of air into the larynx, since this very extension has a tendency to strap the soft palate over the base of the tongue, and thus to entirely prevent mouth breathing. The tongue may be freed from the soft palate by grasping its tip and pulling it well forward. It should be borne in mind that this traction upon the tip of the tongue has absolutely no effect upon its base; that though it will draw its dorsum from the soft palate, it will not affect the base of the tongue or the epiglottis in the slightest degree; and even when the traction is so powerful as to tear out the thread passed through the tip of the tongue, the pharynx may still be occluded by the base of this organ. Hence, head extension and traction upon the tongue are both needful to insure a free passage of air through the mouth. When the tongue is particularly thick and fleshy, even traction upon its tip may fail to open the way between its dorsum and the soft palate. Under such circumstances, the anesthetizer should pass a finger well down toward the base, when, by upward and forward traction, the air passage may be freed.

Dr. Hare and I some years ago demonstrated the effect of head extension upon the patulousness of the pharnyx by removing a portion of the basilar process of the occipital bone, and inspecting the pharnyx and larnyx directly through this opening. The illustrations I now present to you were prepared by Dr. Thomas and myself, and prove

more conclusively than the most elaborate argument the value of head extension as a means of lifting the epiglottis and tongue base from the posterior pharyngeal wall.

Cardiac and respiratory failure, from injudicious pushing of the anesthetic, often combined with shock, is best counteracted by hypodermic injections of cocaine, caffeine and normal salt solution, employing in the latter 2 drams of adrenalin chloride (1 to 1,000) to the pint, and using a sufficient quantity to restore the vascular tonus. Absorption of this adrenalin chloride in normal salt solution should be hastened by vigorous massage, and when the emergency is great the adrenalin should be driven directly into the venous circulation, preferably diluted fifty times by normal salt solution, and ejected into the external jugular vein. The stimulating effects of this drug upon the vasomotor centers, the heart itself and the respiratory centres have been shown by Reichert and Crile. I exhibit here a tracing taken by Dr. Thomas and myself. The pancreas was removed from an etherized dog, and the anesthetic was pushed until the animal died. The chest was then opened, the heart exposed and artificial respiration was begun. Seven minutes after complete cessation of all heart motion four cubic centimeters of a 1 to 10,000 solution of adrenalin chloride were ejected into the external jugular vein, the pumping action of the heart being in the meantime produced by manual pressure. This for the purpose of carrying the adrenalin chloride to the right auricle. The irregular waves at the abscissa line indicate the feeble pulse without tension caused by manual pressure. Within a very few seconds of the injection the heart began to beat vigorously, the blood pressure promptly jumped to normal, efforts at respirations were resumed some minutes later, and the dog would apparently have lived for hours had he not been killed, thirty minutes later by bleeding.

In the asphyxia of ether administration I consider oxygen of doubtful use. I have never seen convincing evidence as to its efficacy, and I believe that attention devoted to the absolute freedom of the air passages and the insurance of full respiratory movements is of far more moment than are efforts directed towards driving a small quantity of oxygen into the nose or pharynx.

As to the value of strychnine I have long been skeptical, and recent researches, particularly those of Reichert and Crile, seem to prove conclusively that it is not only without value, but may be positively harmful.

The combination of nitrous oxide and ether I consider admirable. The patient goes under the influence of the gas in from one to two minutes, without any distressing feelings beyond those incident to vertigo and noises in the ears. The subsequent complete anesthesia by ether is materially hastened. I believe, however, that it is unwise to produce a condition of asphyxia by nitrous oxide, and then to place closely to the patient's mouth and nose a cone saturated with ether. Moderate anesthesia by nitrous oxide, and a pushing of the ether a little more rapidly than is allowable when ether alone is given, seems to be an agreeable, safe and efficient method of accomplishing surgical anesthesia.

As to the choice of an apparatus by which this combined method may be applied, I believe that one so provided with valves that one agent may be turned on as the other is turned off is undesirable, since it is complicated. Each should be given separately. It is stated that nitrous oxide may be employed for prolonged operations, provided the surgeon mixes oxygen with his gas. I am not convinced that mixture with atmospheric air is not equally serviceable.

Recent statistics apparently demonstrate the complete safety of ethyl chloride for the performance of operations requiring but a few minutes. Because of the ease with which this agent is given, and the portability of the apparatus, it bids fair to supplant nitrous oxide. The inhalation of the vapor causes no irritation to the throat, is not disagreeable, and anesthesia is accomplished in from thirty to forty seconds. Moreover, it lasts from two to seven minutes, and requires not more than from two to four cubic centimeters of the ethyl chloride. It is particularly important to procure a perfectly pure drug; ethyl chloride is affected by light. This agent has been used for the performance of operations requiring from thirty to sixty minutes, but such a large percentage of cases subsequently exhibit albumin in the urine that further statistics should be awaited before employing it in place of ether. I exhibit perhaps the most convenient apparatus for the administration of ethyl chloride. When anesthesia is accomplished, the pupils are usually dilated, and the pulse is likely to become extremely rapid. The patient comes out as rapidly as he goes in; there is usually no struggling in the beginning, no vomiting afterward, and, indeed, unpleasant sequelæ are almost as rare as in the case of nitrous oxide.

In regard to the choice of anesthetics, I believe that nitrous oxide should be selected for brief operations because of its safety, and as a preliminary to ether because of the greater comfort experienced by the patient. Ethyl chloride has been proven sufficiently safe to justify its use for office operations, but judgment as to its safety and serviceability for prolonged operations must still be withheld.

Ether is the safest and most dependable anesthetic for major surgical procedures requiring complete relaxation and an expenditure of some time.

Chloroform may be used in brain surgery and in patients suffering from inflammatory lesions of the air passages. It has been clearly shown that its irritating effects upon the kidneys are greater than those of ether.

PRESENT STATUS OF DIPHTHERIA—TYPHOID FEVER.*

By G. A. B. Addy, M. D, C. M., Pathologist to the General Public Hospital St. John, and Bacteriologist for the Province of New Brunswick.

A definition of diphtheria satisfactory from the standpoint of the sanitarian has not yet been formulated. Persons in good health who have not recently suffered from diphtheria cannot be said to have diphtheria because of the presence of virulent diphtheria bacilli in their air passages, and under such circumstances there appears to be no sufficient ground for regarding diphtheria patients as still suffering from that disease after the complete disappearance of the clinical symptoms, even though diphtheria bacilli continue to be present. The only practical way of avoiding this difficulty, so far as the matter of quarantine is concerned, appears to be to define, in the statutes governing such matters, the exact meaning of the term diphtheria, or to base the quarantine regulations merely on the infective qualities of the individual rather than upon the presence of disease.

Recent studies have tended to establish the existence of a bacillus identical with the diphtheria bacillus in form, but without its pathogenic properties, and have shown certain nice distinctions between bacilli, formerly regarded as morphologically identical with the diphtheria organism. They have, however, failed to demonstrate any method other than animal inoculation by which to determine the virulent or the non-virulent properties of bacilli, classed morphologically as diphtheria bacilli.

Virulent diphtheria bacilli may be found in the air passages of any individual whatsoever without regard to clinical symptoms. There is, however, relatively greater danger from persons presenting the clinical symptoms of diphtheria, because of the increase in such cases in the secretions of the air passages, and of the presence of diphtheritic membrane, both of which tend to excite symptoms and to afford media likely to carry the bacilli into the surrounding atmosphere. The danger is, to a certain extent, in proportion to the severity of the clinical symptoms, certainly because of the presence of the features

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just mentioned, and probably because of the relatively greater virulence of the bacilli in most of the severe cases.

Diphtheria infection apparently depends on the relation between the virulence of the infecting organisms and the susceptibility of the individual attacked. It involves, therefore, questions of quantity as well as quality of the infection, and of degree as well as character of personal immunity and vital resistance. Unsanitary conditions tend to diminish the vital resistance of the animal organism, and, therefore, make it more prone to succumb to attack. Personal cleanliness on the part of those in attendance on him favors the spread of the disease by increasing the dissemination of the infective particles through the atmosphere. Unsanitary conditions, including personal cleanliness and over-crowding, are, therefore, active agents in the spread of diphtheria infection.

The prevention of diphtheria requires theoretically the isolation of all persons having in their air passages or elsewhere bacilli morphologically identical with diphtheria bacilli, until and unless the non-virulence of such organisms has been demonstrated. Practically isolation to this extent is impossible. In fact it may be questioned whether it is practicable to quarantine even persons showing no clinical symptoms of diphtheria, but having infective bacilli about them; until something definite is known as to the number of such individuals in a community, under ordinary circumstances this cannot be determined; and if such persons are not to be quarantined, there appears to be no sufficient reason for the quarantining of diphtheria patients after the disappearance of clinical symptoms, although they may upon examination show the presence of diphtheria bacilli.

There is, I think, a growing belief that disinfection of rooms, etc., is not an important factor in the restriction of disease in modern civilized life. Asepsis has taken the place of antisepsis to a great extent in surgery. The first step was the recognition of the bacteria as producing trouble, the next the effort to kill them in situ, the next to prevent at once their access and the necessity for killing them. Parallel with this change, I think the impression is growing that what we need now is not so much disinfection to kill bacteria after they are spread about, but measures to prevent their spread. Of course it would not do to push the analogy too far. I only wish to outline an idea.

While not denying the possible agency of material things in the

transmission of this disease, it is believed by some close observers that the part played is very small. It is probably infected persons, and not infected things, that cause the trouble, and it is the infected persons that are practically well that are by all odds the most important factor. I do not wish to shake existing faith in disinfection and disinfectants, but rather to point out the possible advantages that may come from a re-examination of the question.

TYPHOID FEVER.

The old theory that the infection of typhoid fever is conveyed by the fecal discharges only has been taught and accepted so many years, that it is not at all impossible that when searching for the cause of an outbreak of this disease, especially in the so called sporadic cases, the fact has frequently been lost sight of by the investigator, that there might possibly be some other mode of infection; or if this did seem possible it would be a bold person who dare to assert that such was the case, contrary to the general accepted theory.

Comparatively recently it has been demonstrated that the typhoid bacilli are present in the urine of about 25 per cent. of those having typhoid fever, after the third week, and that such continues to be the case months after recovery has taken place.

Disinfection of stools of persons having this disease has been so long and thoroughly taught, that it has become almost criminal for the laity to neglect this precaution, and quite so for a medical man to fail to give full directions for the proper treatment of this material.

With the typhoid bacilli present in the urine for months after the patient has passed from the observation of the physician and has resumed his usual avocation, how probable it is that many of the cases that have had their origin sought in vain, were due to the fact that infected urine had been deposited in the vicinity of some wells or water courses. Outbreaks of typhoid fever due to this cause have been recorded.

The Widal reaction, first described in a paper read on June 20th, 1896, by the man whose name it bears, has received an unusual degree of attention in medical literature, and careful investigation by many and competent observers since that date have led to an almost general recognition of its value, employed with due precaution, in the diagnosis of enteric fever. There are, however, from time to time, authoritative statements to the contrary, and doubts are not infre-

quently expressed of its actual diagnostic value. It would seem that depreciation of this kind, when not due to an entire ignorance of the significance of the test, may, in many cases, be attributed to faulty methods in laboratory technique.

The complaint has been made, that, granting its presence, in the vast majority of cases it does not appear early enough; that other signs, such as splenic enlargement, rose spots, etc., may be present before the Widal reaction. Anyone who has noted the varying manifestations of typhoid fever, the possible absence of rose spots and splenic enlargement, as well as other signs, will not lightly refuse such valuable confirmatory evidence as is afforded by the Widal reaction, however late.

TUBERCULOSIS.

DISADVANTAGE OF SENDING CONSUMPTIVES AWAY FROM HOME.

By Smith L. Walker, B. A., M. D., Los Angeles, California. (Formerly of Truro, N. S.)

Attention is herewith directed to the tendency on the part of the laity, a tendency still too frequently encouraged by the profession, to send their consumptives away from home, trusting to a milder climate to restore them to health. Several cases, similar to the one about to be related, have come under my observation during the past year, and a number of physicians in Los Angeles have informed me that many such cases have been seen by them. This one case may be regarded as typical of hundreds in this city every year.

S. G., male, 21 years of age, carpenter, came to Los Angeles from one of the Atlantic coast villages of Nova Scotia about Nov. 1st, 1902. considerably broken down in health, aud expecting in a few weeks in this delightful climate to regain his strength and follow his trade. Upon examining him on Nov. 11th, it was learned he had been sick the greater part of 18 months from severe colds and cough, increasing weakness and loss of flesh. He gave an extensive family history of consumption. At this time his pulse was 130 and his temperature 101.4°, while both lungs showed tubercular processes of considerable extent and a beginning laryngeal involvement, examination of the sputum showing many bacilli. Owing to the limited state of his finances it was impossible to send him to a sanitarium for an indefinite period, where the minimum expense would be $25.00 per week; yet for three weeks, by resting all day in a hammock in the sun, with a forced diet, he held his own fairly well, although his pulse ranged from 110 to 160 and his temperature from 97 to 103°. Being then compelled to change his quarters to a typical lodging house, and much difficulty in swallowing being experienced, he began to fail rapidly, until on Dec. 19th he had to be carried into his room, and the next morning was found dead in his bed. All the care and nursing he could secure was what two relatives, both carpenters, were able to give him. When he became unable to properly take care of himself, an effort was made to secure an entrance into some home or hospital

where at least proper nursing might be secured, but all doors were closed against consumptives. Had he been confined to bed, possibly the Associated Charities might have compelled the County Hospital for the Poor to admit him, but there was not even a room in that undesirable institution. No room!

This is not an exceptional case. The delightful climate, with entire absence of snow and frost, with its many sunny days, and with the alluring reports of good times and plenty work, all combine to make Southern California the Mecca of health seekers. Yet in this, as in many other instances, had the money expended for travelling, for board and lodging, and for funeral expenses, been used at home in an intelligent effort to regain health, this young man would have been living to-day and perhaps have been on the road to recovery. The climatic conditions here are excellent, but plenty of fresh air, even with the snow and rain of a Nova Scotia fall and winter, among friends, with good food, is better far than attempting to hustle among strangers, where your presence is considered a nuisance and a menace to others, and where only the almighty dollar many times multiplied can secure tolerance and modern scientific and humane treatment.

Perhaps in this connection attention may be called to the attitude of the public and the profession in California towards tuberculosis. Nowhere else, perhaps, is it regarded so surely the Great White Plague, and the State authorities have attempted to introduce legislation which shall practically exclude all tubercular patients from entering the State. This unscientific and inhuman stand has very properly evoked opposition from the leaders in the medical profession and has led to the formulating of proposals which shall provide suitable care for consumptives. The trend of this movement may be indicated by the following quotations from a circular ordered to be forwarded to all members of the State Legislature by the Los Angeles County Medical Society.

"The work of the Southern California Anti-Tuberculosis League should be carried out along several lines. In the first place, we should educate the people to the fact that tuberculosis is communicable. We should teach them just where the danger lies, and that if the bacillus-bearing discharges, of which the sputum is the chief, and in most cases, perhaps, the only one, are carefully destroyed, there is no danger from the tubercular individual. While we must insist on the enforce-

ment of sanitary laws, yet we must avoid creating in the minds of the people an unnecessary fear which will work undue hardships on those afflicted. Nowhere can it be said with greater justice, that 'a little learning maketh mad,' for those who have learned that tuberculosis is a communicable disease, and have learned nothing more, have become frightened and are associating in their minds, tuberculosis with such diseases as small-pox. We must emphasize with equal, if not greater care, that tuberculosis is preventable. We must, furthermore, teach them how to prevent it, give full and explicit directions for the afflicted, and also for those who must care for him. The necessity of sunlight and fresh air should be emphasized.

"Another important field of work for our league is in caring for the afflicted poor. This is a necessary measure from the standpoint of prevention, and desirable from the standpoint of the humanitarian. As long as the poverty-stricken tubercular individual is compelled to care for himself, he will be forced to occupy unsanitary quarters, and will scatter infection about him either because of ignorance or because of a spirit of apathy. Since each patient, on an average, infects about one new one, and each careless one may infect several, it can be plainly seen that the care of the helpless poor bears a very important relation to the problem of prevention of tuberculosis, and, since hospital facilities are provided for those suffering from other diseases, it is but just that they should be provided for these.

"The Anti-Tuberculosis League could perform for the tubercular poor an act of mercy, render society a noble service and do itself a great honor, if through its efforts there should be established in our midst a system of dispensaries in the cities where those afflicted could come for advice and where those who suspect the disease could be examined while they are in a curable stage, and, further, if through its agency, there should be provided sanatorium facilities for those who are curable and hospitals for those in the advanced stage."

That the object of this communication may be more surely accomplished, attention is also called to a paper published by Beever in the London *Lancet*, January 3rd, 1903, and summarized by the Journal of the American Medical Association. He denies the contagious nature of the disease, declares it is only rarely or indirectly infectious, protests against the hardships imposed upon consumptives, and sees the best hopes of good results from just such methods as can be pursued at home. Attention is called to the 'decrease of consumption

of late years in spite of over-crowding and the increase of population, etc., which would increase the risks of infection. It is better nutrition, avoidance of infectious fever, better sanitation and ventilation, that are probably the cause of improvement. He hopes the medical profession will not encourage the public to avoid their tubercular fellow-creatures. Such a course will not, in his opinion, diminish the amount of tuberculosis. It will swell the ranks of the unemployed; it will depress the phthisical wage earner's spirit; it will empty his pockets and ultimately, by want and distress, reduce his family to that condition of low vitality which the tubercular bacillus requires for a successful invasion. He says that it does not require insolation and is infectious only under exceptional conditions, insists that healthy people may enjoy extraordinary immunity, that fresh air and open windows are the great armor against its attacks, and that the instruction of the young in general principles of hygiene will prove more valuable eventually than the insolation measures proposed.'

Concluding, it may be suggested to the profession, particularly in the country districts, to keep the tubercular patient at home. Educate the public along the lines indicated, initiate and follow up scientific modern hygienic cures of home treatment, cure them and insist upon receiving the credit for your labor, or failing to cure let them die among friends. If they are bound to spend money, let it be at the nearest sanitarium. By comparison, the stand taken by the profession in Nova Scotia on tuberculosis is most commendable, yet there is still opportunity for bettter and more effective warfare against this too prevalent disease.

315 W. 6th St., Los Angles.

NOTES OF A CASE OF CANCER OF CÆCUM.*

By. A. B. Atherton, M. D., Fredericton, N. B.

J. S., aged 30. No cancer in near relatives. Ahout May 1, 1901, began to be troubled with constipation, which grew worse for some months, and was accompanied with some discomfort at first and subsequently with more or less pain. For about a month previous to operation the constipation gave place to a looseness, with occasionally blood and mucus in stools. A lump was also felt on right side of abdomen. Dr. Wier, of Doaktown, then referred him to me.

He was quite anæmic and had lost considerable flesh, just how much he did not know. His usual weight was 137 pounds. On examination the belly was found rather full and somewhat tympanitic, except over a tumor the size of the fist, which could be felt to the right of the median line and somewhat below the umbilicus. It seemed fairly movable.

Operation. May 7, 1902. A five inch incision made along outer edge of rectus, and the tumor found occupying the cæcum. The bowel brought out and fillets of iodoform gauze and forceps used to clamp the ileum and transverse colon. More than a foot of bowel excised, beginning at about three inches from caputcæci, and ending at middle of transverse colon. Also several enlarged glands in neighborhood cut away along with surrounding tissues. Then ileum united to colon by mattress silk sutures passed through all the coats and tied inside bowel. These were fortified by a line of continuous silk sutures passed through the peritoneal coat, interrupted here and there by a single knot. After removal of iodoform gauze fillets and cleansing of peritoneal cavity, the abdominal wound was closed by through and through fish-gut sutures and dressed antiseptically, a strip of iodoform gauze being laid over line of union for drainage.

After a week or so the sutures were removed to give exit to discharge and some sloughing cellular tissue, and the patient left the hospital for home before the end of the sixth week with the wound healed and feeling very well. He was still quite anæmic however, and iron and arsenic was ordered.

He now, two months after operation, weighs 141 pounds, being four pounds more than normal, and has no abdominal pain and bowels are regular.

The tumor was quite hard on section, and ulcerated over its internal surface.

*Read before New Brunswick Medical Society, St. John, July, 1902.

Selected Articles.

SURGICAL AND MEDICAL EPIGRAMS.

By Lucien Lofton, A. B., M. D., Emporia, Va.,
Ex-President Seaboard Medical Association of Virginia ahd North Carolina ; Surgeon to Southern Railway Company, A. C. L. Railroad Company, Etc.

The best is none too good to offer a candidate for the scalpel.

Never be sure of a thing until you get your eye and hand upon it.

Don't frighten an applicant for your surgical skill. Remember the bravest sometime becomes the weakest, whose life is in your hands.

A love-lit eye, a cordial welcome, and a sympathetic voice woo confidence, and confidence often cheats the grave of a mistake.

The stern realities of a well-groomed scalpel are not half so sharp or cutting as neglect to a man from under your knife.

Color should play no active role in a surgical drama ; one subject—one God.

A surgeon should be more dextrous with his hands than with his tongue.

To treat a patient successfully when his confidence in you is in a state of suspension is worse than infidelity.

A mercurial temperament is to a physician what the initial lesion is to a married man—the worst thing he might catch.

Diseases make heathens of a great many, but still they should receive just consideration.

It is said men never gain anything by short cuts in business. But recollect : short cuts of a surgeon mean a great deal to his patient.

As cheap as is medical literature, a man who does not stand abreast of the times, is not only a defiler of the profession, but likewise an enemy to mankind.

Big brains are not always necessary to be a great success in medicine. If so, successes would be like Kimberley mines.

When you believe what you preach the contagion is likely to spread and you profit thereby.

Parturition may be called "opening a keg of nails" and "having a frolic," but the helpless woman in travail is justly entitled to more skill and consideration than all christendom affords.

The fight being made by "Christian Scientists" for succor, is certainly gaining them a foothold among a certain species of the finny tribe.

How many surgeons daily receive malignant stabs and cuffs from the broken limbs they have treated!

Barnacles to a ship, bacteria to men, are not half so blasphemous as the ministerial parasite.

A woman in labor and a man with nephritic colic are always justifiable in calling for help.

Righteous indignation should play no minor part in the inaminate cussedness of things which hourly harrage the doctor's life.

The purse string of a man's pocketbook is never so elastic as it is immediately after you complete your operation.

Horseback riding and bicycle exercise are not the only means of "sport" which cause urethritis in a married man.

Men may honestly disagree, but do they always disagree honestly?

Don't proclaim to the world something new until you have heard from the "hayseeds" of the rural districts.

In surgery it is always better to let your right hand know what your left is doing.

A doctor's reputation may be easily ruined by his inserting his right index finger one inch too far.

Between a body of water and fecal impaction lies the modesty of the world.

Septic contamination is not half so bad as sterile jealousy.

Green soap tincture, bichlorid, phenol and alcohol will not erase a surgical blunder.

Hope is not always written on the surgeon's blade, but charity is.

The germ of despair hibernates in us all. Blessed is the man who possesses an eternal sunshine-generator.

Skill and prejudice are incompatible; one born of genius—the the other a bastard proposition.

The funny surgeon's hand and advice will not create a demand for assistants. Be bright, but not light.

An operating room is a bad place for a funeral assemblage.

Ether and chloroform are not less volatile than the "rather-cut-than-eat-Doctor."

A 32 French scale sound, when shoved down a tender urethra, is less irritating than the man who continually bores you with his surgical successes.

All doctors who pose as great men, are not subjects of wryneck.

Eye glasses and Van Dyke "lambrequins" are not necessarily indicative of a trip abroad.

If the medicine institutions would turn out more doctors and less diplomas, you might find a widened place in a country road where a physician is needed.

The corpse of a fossilized Hindoo is preferable to the reminiscent doctor "of-how-we-used-to-do-it-years-ago."

A filthy doctor whose lurid fables would make a bottle fly green with disgust, is more contemptible in decent society than a two-year-old skunk on a frosty night.

The blowing, "100-cases-a-day" doctor should swap jobs with a seasoned jackass, or take in his sign.

Some women might make good doctors, but somehow the best I ever saw were mothers and wives.

The bills of the doctor are unlike any other bills made—they are never closed.

The tattling doctor is the sorriest creation of man. It might be added that tattling is the basest folly man ever created.

The difference between blood poison and septic infection is the diagnostician.

They say some men are born doctors; and from the way in which they proceed to treat cases, I am of the opinion they are still in their infancy.

Have an honest opinion of your own even if you have to keep it to yourself.

There are many therapeutic nihilists, but it is only this class of men who ever move a medical fixture.

"Booze" and "dope" should gradually decline on the market. One can be a real live practitioner now-a-days without being an artist in either department; and also be called respectable.

The more medicine a man knows the less he believes.

After all may not the wily German be rightly dubbed a synthetic compound?

The leopard does not change his spots, but the Hon. Mr. Gonococcus does.

A strangulated gut cannot always be released on its own recognizance.

The question is how shall we sound a man whose devotion to Venus is unquestioned?

Turpentine is a "right smart medicine" when improperly used.—*American Journal of Surgery and Gynecology.*

LACOTOPEPTINE TABLETS.

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

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—*The Medical Times and Hospital Gazette.*

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Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—One to two tablespoonfuls from three to six times a day.

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"BOROLYPTOL"

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AS A NASAL DOUCHE AS A MOUTH WASH
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THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XV. HALIFAX, N. S., MAY, 1903. No. 5.

Editorial.

THE MARITIME MEDICAL ASSOCIATION MEETING AT ST. JOHN.

The month of May is now upon us, when the dead withered brown of the winter that is past becomes changed into the living green of the fields, and "spring unlocks the flowers to paint the laughing soil," and all nature rejoices in that sweet travail which betokens a season's birth and which later on will, let us hope, result in a glorious harvest of fruit and flower and grain. Human nature partakes with the physical in that rejuvenating power of spring, and we begin unconsciously almost to plan to do something or go somewhere sometime during the summer for change and recreation.

We hope that, in this connection, our readers will bear in mind the meeting of the Maritime Medical Association, which will be held this year in St. John on July 22nd and 23rd. To those of us who have been in the habit of attending these meetings it is unnecessary to advocate their claims, as we can all testify to their professional value and social interest. The Maritime meeting, of all the society meetings in these three provinces, has the pre-eminent advantage of bringing together gentlemen from different parts of the country, who would not otherwise be likely to meet, and of giving an opportunity of testing to what extent we are keeping up with the ever-improving methods of diagnosis and treatment, as well as giving a short period of recreation after a year's close professional work.

This year, in addition to the expected presence of several of our own most eminent members, we are promised a visit from Drs. Maurice Richardson and Cushing from Boston, Dr. H. A. Hare from Philadelphia, and Drs. Evans, F. A. Lockhart and G. E. Armstrong from Montreal.

We are sure it will be a great delight for our members to meet these gentlemen, some at least of whom are of continental reputation, and are sure to instruct as well as please all whose good fortune it may be to meet them.

A strong and energetic committee have charge of the arrangements and a first class programme is being arranged, which later will be published in the NEWS.

The profession in St. John are looking confidently to a large gathering this year from all parts of these lower provinces, and will see to it that there will not alone be offered a good professional programme, but every effort will be made to the end that the comfort and interest of the visitors will be studied and such practical welcome given as will make the occasion an enjoyable as well as a profitable one.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF NOVA SCOTIA.

The next annual meeting will take place on the 1st and 2nd of July at Antigonish, and every endeavor should be made by the profession to have a large gathering present. Our Cape Breton practitioners have no excuse to offer this time at the great distance, as Antigonish is conveniently situated for a meeting, not only for those to the east, but for a large number throughout the province.

The Address in Medicine will be delivered by Dr. G. Gordon Campbell, lecturer in clinical medicine at McGill. Dr. Campbell is a former Truro boy who has made his mark in Montreal. Dr. Henry O. Marcy, of Boston, the well known abdominal surgeon, and advocate of the buried tendon suture, will deliver the Address in Surgery. Another noted visitor will be Dr. H. M. Neale, visiting physician to the White Haven Sanatorium, who will deliver an address on the "Treatment of Tuberculosis." Dr. Neale is evidently an "all round" man, as he was appointed by President Roosevelt one of the commissioners to settle the hard coal strike.

With such men as those mentioned on the programme, besides the promise of many interesting papers and discussions by our brethren throughout the province, the coming meeting should prove most profitable to all attending the different sessions.

Personals.

Dr. H. V. Pearman left last month on a visit to London.

Dr. A. C. Hawkins was recently re-elected Alderman for Ward 6 by a large majority.

Dr. E. A. Kirkpatrick returned from the meeting at Louisville and speaks highly of the hospitality of the brethren there.

Dr. J. R. Millar, formerly senior house surgeon at the Victoria General Hospital, has gone to Amherst to take up practice.

The largest class in its history graduated in medicine at the recent Dalhousie Convocation, viz: nineteen, of which two were ladies.

Dr. W. H. Macdonald, of Antigonish, has lately returned from Jamaica, looking considerably better after two months sojourn on that island.

Dr. W. H. Hattie attended the annual meeting of the American Medico-Psychological Association, which took place at Washington this month.

Dr. W. N. Cochran has lately visited the city, and we are glad to know that he is flourishing at Neil's Harbor, C. B. Evidently the bracing air of the north agrees with him.

Dr. C. D. Murray has been appointed medical inspector at this port by the United States Government, for the purpose of examining immigrants landing here who intend residing in our neighboring republic.

Drs. K. A. MacKenzie, F. Lessel, J. S. Potter and G. W. Whitman, of last year's Dalhousie graduating class, have been appointed to the house staff of the Victoria General Hospital. Dr. J. R. Corston of last year's staff will remain another year as senior house surgeon.

Dr. L. M. Murray has been appointed by the Local Government, provincial pathologist and bacteriologist in place of the late Dr. Halliday. Dr. Murray is now pursuing laboratory work at McGill, and will also remain for a while in New York and Washington.

Dr. C. D. Lloyd, formerly of Lockeport, was in town this month having lately returned from the Philippine Islands, where he served

as a medical officer in the American army. Dr. Lloyd during the war received a gunshot wound in the hip, but fortunately the limb is gaining strength daily. He will practice at Lockeport for a year or two at least.

The medical profession of this city has evidently caught the "moving fever" this year. Besides those mentioned in previous issues, the following have changed their residences:—

Dr. W. B. Almon—to 63 Morris Street.

Dr. W. F. Smith—to 149 South Park Street.

Dr. T. W. Walsh—to 40 Spring Garden Road.

Dr. E. V. Hogan—to 71 Lockman Street.

Prof. C. A. Ewald, of Berlin, is on a visit to the United States.

Major G. C. Jones, A. M. S., is attending the annual meeting of the Association of Military Surgeons of the United States. This Association courteously extended an invitation to Canadian medical officers to become associate members, which a great many accepted. A most interesting medical journal is issued monthly and sent to every member.

Word has just reached us of the death of **Dr. L. R. Morse, Sr.,** of Lawrencetown. Further particulars will be given in next issue.

Therapeutic Suggestions.

Acute Dysentery.

℞ Cupri sulph .....gr. ½
Magnes. sulph.....oz.i
Acid sulph. dil.....dr.i
Aquæ.....oz.iv

Sig.—A tablespoonful every four hours.—*Bartholow.*

Delirium Tremens.

℞ Potass bromidi .....
Sodii bromidi .....aa gr.xv
Chloralis .....gr.x
Tinct. zingiberis.....mx
Tinct capsici.....mv
Spts. ammon. aromat.....dr.i
Aquæ.....dr.ii

Vanderbilt Clinic.

NEURALGIA.

℞ Tinct. aconite.....
Tinct. colchici seminis.....
Tinct. cimicifugæ.....
Tinct belladonnæ.....aa dr.i
Sig.—Six drops every hour until relieved.—*Metcalf.*

FIRST STAGES OF CIRRHOSIS.

℞ Ammon. iodid.....dr.i
Liq. potass arsenit.....dr.½
Tinct. colombæ.....oz.½
Aquæ .....oz.i½
Sig.—A teaspoonful three times a day before meals.—*Bartholow.*

Book Reviews.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated *Clinical Lectures*, and especially prepared articles by leading members of the medical profession throughout the world. Vol. IV., twelfth series, 1903. Published by J. B. Lippincott Company, Philadelphia; Canadian representative, Charles Roberts, Montreal.

What we have already stated as to the continued excellence of the CLINICS can only be reiterated from a review of the volume before us. "The Sanatory Tent and its Use in the Treatment of Pulmonary Tuberculosis," by C. J. Gardiner, of Colorado Springs, gives a concise idea, with good illustrations, of Dr. Gardiner's tent and its benefit in the treatment of phthisis. Dr. Heinrich Stern, of New York, deals with "The Treatment of Chronic Gastric Catarrh" in clear language, giving the different forms and thoroughly explaining his treatment of such cases. Other valuable articles are the "Treatment of Aneurisms by Gelatin in Hypodermic Injections," by E. Lanceraux, M. D., of Paris; "Abdominal Diagnosis," by E. S. Bishop, F.R.C.S., of Manchester; "The Surgical Treatment of Hæmatemesis from Gastric Ulcer," by B. G. A. Moynihan, M. S., F. R. C. S., of Leeds.

There are two concise Biographical Sketches, by Guy Hinsdale, A. M., M. D.,—one of Horatio C Wood, M. D., LL. D., the eminent physician and author, and the other of William W. Keen, M. D., LL. D., the well-known surgeon, with excellent portraits.

"The blood in Health and in Disease, with a Review on the Recent Important Work on this Subject," comprises nearly 100 pages and is written by Thomas R. Brown, M. D., of Johns Hopkins Medical School. This monograph is an able contribution and worthy the consideration of thoughtful physicians.

Book on the Physician Himself and Things That Concern His Reputation and Success. By D. W. Cathell, M. D.. The Twentieth Century edition, being the eleventh edition revised and enlarged by the author and his son, William T. Cathell, A. M., M. D. Pages 412, Royal octave, extra cloth, $2.00 net, delivered. Philadelphia, F. A. Davis Company, Publishers, 1914 16 Cherry Street.

The latest edition of this well-known book has been carefully rewritten and much new material added by the author, Dr. D. W. Cathell, with the co-operation of his son, Dr. W. T. Cathell. To distinguish it from former editions it has been named The Twentieth Century Edition. This work has gained a wide spread reputation for its sound teachings and practical advice to the medical profession, and naturally the latest production will prove even more profitable to those who follow its precepts. We know of no better guide to the practitioner and it would be expedient for every medical school to see that on convocation day each graduate is fortified with a copy.

Obesity ; the Indications for Reduction Cures.
Nephritis ; the Treatment of the Various Forms of Bright's Disease.
Colitis ; the Treatment of Colica Mucosa.

These are the first three of a series of monographs on Diseases of Metabolism and Nutrition by Prof. Carl Von Noorden, from the press of E B. Treat & Co., New York. They have been very well translated from the German by Dr. A. C. Crofton, under the editorship of Dr. Boardman Reed. The first and third volumes are published at 50 cents each ; the second at $1.00.

These monographs are intended to give expression to the teachings of Von Noorden and some of his associates at the City Hospital of Frankfort-on-Main. That on Obesity deals with the subject in all its phases, in health as well as in various morbid states. The subject is dealt with in a general way, and no specific directions are laid down for the treatment of a "supposititious case," as the author finds that many shew a tendency to follow such directions too implicitly and do not give sufficient consideration to the requirements of each individual case.

The article on Nephritis is full and exhaustive, dealing with the customary therapy of kidney diseases, the principle of saving the kidneys in renal diseases, the fact of metabolism as a basis for the dietary regulations to be adopted in the protective therapy of kidney disease, and the principles underlying the dietetic and physical treatment of acute nephritis and of contracted kidney.

The volume on Colitis sets forth the author's reasons for regarding what is commonly termed membranous catarrh of intestines as a non-inflammatory condition for which he prefers the name "Colica Mucosa." He considers that the disorder is due to an excessive irritability and over-activity of the mucus producing glands of the large intestine, and that it is not found except in association with chronic constipation. The glandular over-activity is due to certain nervous conditions. Based upon the conception of the

pathology of the disease he has formulated a treatment which is largely dietetic, and which has proved signally successful.

These small volumes are well written, and, inasmuch as they express the natural views of a thoroughly competent authority, are of unquestioned value.

THE MATTISON METHOD IN MORPHINISM.—By J. B. Mattison, M. D., Medical Director Brooklyn Home for Narcotic Inebriates. Price $1.00. Published for the author by E. B. Treat & Co., New York.

This little monograph is devoted entirely to the discussion of the author's ideas of the treatment of the morphine disease. It takes up the various conditions which are apt to arise in the course of medication and which call for modification of the treatment. In many respects its teachings are at variance with those of other writers—yet inasmuch as it represents the conclusions of a careful observer who has for upwards of thirty years been devoting himself to the care of narcotic habitues it must be accepted as authoritative.

New Books.

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